## OVERTIME/COMPENSATORY TIME REQUEST AND AUTHORIZATION (7410)

FROM:					T T T T T T T T T T T T T T T T T T T			DATE:		
TO:						VIA:				
It is requested that are employees to perfor See SECNAVINST	n work as indica	ited and justi	fied below:	OVERTIM		PENSATORY	CREDIT HO	URS RELIGIOUS ATORY		NCE RELIGIOUS
PAY NUMBER	FLSA STATUS	TYPE OVERT	i	NAME (Last, First,		ial)	NUMBER OF HOURS	DATE(S)	(From)	(To)
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JOB ORDER NO.	!	W	ORK ORDER N	0.	LOCATION					
				Y TIME WORK CANNO	 OT BE ACCOM	PLISHED DU	RING NORMAL WO	ORKING HOURS:		
(Not required for Reli	gious Comp <b>e</b> n	satory Time	<del>?</del> ).							
SIGNATURE: (Requestor)								TITLE:		
SIGNATORE. (Nequestor)										
AUTHORIZATION:				SIGNATURE (Appr	ovina ovthorit	v)		DATE:		
					oving authorit	dunonty				
REQUEST IS:	APPROVE		APPROVED			IOTIFICATION	LEOR ADDROVAL	AFTED THE SAC	<del></del>	
NOTE: IF THIS REQ	UESI WAS N	UI APPRC	IVEU IN ADVAN	CE OF THE TIME WO	IKKED, ADD JU	JSTIFICATION	v FOK APPROVAĽ	AFTER THE FACT	Ι.	
								420.		
LEGEND:	FLSA STATUS TYPE OF OVERTIME			ME		۲/	THIS REQUEST MAY CONTAIN INFORMATION			
	N = NONEX E = EXEMP	KEMPT		SCHEDULED OVERTIME	NOTE		SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.			